

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

FILED JUN 18 1957

57022304
STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 191

1. PLACE OF DEATH a. COUNTY ST. FRANCOIS			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY ST. FRANCOIS		
b. CITY (If outside city limits, give location) OR TOWN FARMINGTON - RURAL Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			c. CITY OR TOWN FARMINGTON , 0940 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF DECEASED (If not in hospital, give location) MINERAL AREA OSTEOPATHIC HOSPITAL Length of stay in lb			d. STREET ADDRESS (If outside, give location) ROUTE #1 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First OTTO Middle JESPERSEN Last JESPERSEN			4. DATE OF DEATH Month JUNE Day 10 Year 1957		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JUNE 24, 1894		9. AGE (In years last birt/day) 62
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Factory		10b. KIND OF BUSINESS OR INDUSTRY TRIMFOOT SHOE	11. BIRTHPLACE (City and state or country) DENMARK		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME KARL JESPERSON			14. MOTHER'S MAIDEN NAME JOHNNIE NIELSON		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES 1918 to 1919		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT Address Mrs. Otto Jespersen, RFD #1, Farmington, Mo.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute circulatory failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary thrombosis & myocardial infarction DUE TO (c) Arteriosclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4201					INTERVAL BETWEEN ONSET AND DEATH 1 hr. 5 hr. sev. yr.
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour a. m. Month p. m. Day Year					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION FARMINGTON MISSOURI	
21. I attended the deceased from 1954 to June 10, 1957 and last saw her him alive on 6-10-57 Death occurred at 2:20 P. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Marvin L. Eulke D.O. 2			22b. ADDRESS FARMINGTON MISSOURI		22c. DATE SIGNED 6-11-57
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 6-13-57	23c. NAME OF CEMETERY OR CREMATORY JEFFERSON BARRACKS	23d. LOCATION (City, town, or county) (State) JEFFERSON BARRACKS MO.		
24. FUNERAL DIRECTOR B. J. MILLER		ADDRESS FARMINGTON, MISSOURI		25. DATE RECD. BY LOCAL REG. 6-11-57	26. REGISTRAR'S SIGNATURE Eother Riedloff

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Disseases in Part I must be "casualty related." Coroner cannot certify to a death due to natural causes.

JUN 20 1957

MAR 24 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by _____, Student Embalmer No. _____

working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed Paul C. Dugal

Licensed Embalmer No. 411

P. O. Address Farming

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.